

PERSONAL PROTECT – WHEN COMPLETED



INCIDENT REPORTING FORM

Name of person in charge of session/match

Site where incident took place

Name of person

Team Age

Date of incident Location

Time of incident

Nature of incident

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Give details of how and precisely where the incident took place. Describe what activity was taking place. eg training, game, getting changed etc.

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Give full details of the action taken including any first aid treatment and name of first aider(s)

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Were any of the following contacted: Ambulance YES NO Parent/Carer YES NO

Details of person who contacted the Ambulance

Name (if applicable) Role in Club

Witness (try and get at least one who saw the incident) Name

All of the above facts are a true and accurate record of the incident.

Signed PRINT NAME

Representative of Trowbridge RFC

Name Role Date

Signed by player / Parent Date

**PLEASE PLACE THE FILLED IN FORM INTO AN ENVELOPE AND SEND TO JO RAMSAY (TRFC First Aid Officer) /
LEAVE IN AN ENVELOPE IN THE ACCIDENT BOOK WHICH IS FOUND BEHIND BAR**

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